

**State of California  
Office of Administrative Law**

**In re:**  
**Managed Risk Medical Insurance Board**

**NOTICE OF FILING AND PRINTING ONLY**

**Regulatory Action:**

**Government Code Section 11343.8**

**Title 10, California Code of Regulations**

**Adopt sections:**

**Amend sections: 2699.6707**

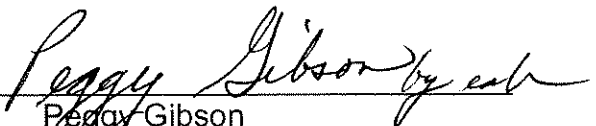
**Repeal sections:**

**OAL File No. 2011-0630-01 EFP**

The Healthy Families Program (HFP) is California's state- and federally-funded Children's Health Insurance Program (CHIP) established pursuant to title XXI of the federal Social Security Act. The Managed Risk Medical Insurance Board (Board) administers the HFP. The HFP provides comprehensive health, dental and vision insurance to low-income children under the age of 19 with family income above the Medi-Cal income eligibility levels. Approximately, two-thirds of the funding for HFP is provided by the federal CHIP. This emergency regulatory action modifies the HFP dental benefit by eliminating the dental coverage cap of \$1500. Pursuant to Insurance Code section 12693.22 the emergency regulatory action is deemed to meet the emergency standard and is exempt from OAL review. The certificate of compliance is not exempt from OAL review.

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

**Date: 7/8/2011**

  
Peggy Gibson  
Staff Counsel

**For: DEBRA M. CORNEZ**  
Assistant Chief Counsel/  
Acting Director

**Original: Janette Casillas**  
**Copy: Alexa Malik**

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER	EMERGENCY NUMBER <b>2011-0630-01EFP</b>
For use by Office of Administrative Law (OAL) only			
		2011 JUN 30 PM 12:46 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Managed Risk Medical Insurance Board			AGENCY FILE NUMBER (if any) ER-2-11

ENDORSED FILED  
IN THE OFFICE OF  
2011 JUL -8 PM 3:05  
*Jenna Bowen*  
JENNA BOWEN  
SECRETARY OF STATE

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY		ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Modify Healthy Families Program Dental Plan Benefits		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT AMEND 2699.6707 REPEAL	
TITLE(S) 10			
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input checked="" type="checkbox"/> File & Print <input type="checkbox"/> Print Only <input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Other (Specify) _____			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective 30th day after filing with Secretary of State <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Alexa Malik		TELEPHONE NUMBER (916) 323-0421	FAX NUMBER (Optional) (916) 445-0898
		E-MAIL ADDRESS (Optional) amalik@mrmib.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Terresa Krum</i>	DATE 6/29/11
TYPED NAME AND TITLE OF SIGNATORY Terresa Krum, Chief Deputy Director	

per agency 6/17/11

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUL 08 2011

Office of Administrative Law

**TITLE 10. INVESTMENT**  
**CHAPTER 5.8 MANAGED RISK MEDICAL INSURANCE BOARD HEALTHY**  
**FAMILIES PROGRAM**

**Article 3. Health, Dental, Vision Benefit**  
**Amend Sections 2699.6707**

Text proposed to be added is displayed in underline type.  
Text proposed to be stricken is displayed in strikeout type.

**Section 2699.6707 is amended to read:**

**§ 2699.6707. Annual or Lifetime Benefit Maximums.**

- (a) There shall be no annual or lifetime financial benefit maximums in any of the coverage under the program.
- (b)
  - (1) For the benefit year commencing July 1, 2009, the covered dental benefit for each subscriber shall be limited to eighteen hundred seventy-five dollars (\$1,875) per benefit year.
  - (2) Effective October 1, 2010, through and including September 30, 2011, the covered dental benefit for each subscriber shall be limited to fifteen hundred dollars (\$1,500) per benefit year. Effective October 1, 2011, there shall be no annual limit on covered dental benefits for subscribers
  - (3) The limitations contained in this subsection shall not apply to dental benefits provided to a subscriber under the age of 21 who is determined by the California Children's Services Program (Health and Safety Code Section 123800 et seq.) to be eligible for dental benefits under that program and the particular services are authorized by the California Children's Services Program for the particular subscriber for the treatment of a California Children's Services Program eligible medical condition.

Note: Authority cited: Sections 12693.21 and 12693.22, Insurance Code.  
Reference: Sections 12693.21, 12693.22, 12693.60, 12693.615, 12693.63 and 12693.64, Insurance Code.